Docket No. 59360/jfW

In re application of:

Lorna W. Role et al.

Serial No.:

09/312,596

Group Art Unit: 1647 /

Filed

May 14, 1999

Examiner: W. Gucker

For

A A-FORM OF CYTOPLASMIC DOMAIN OF NARIA (CRD-RECEIVED

SEP 1 6 2003

TECH CENTER 1600/2900

Mail Stop AF Commissioner For Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

S I R:

September 10, 2003

Transmitted herewith is an amendment to the above identified application.

Small entity status of this application under 37 C.F.R. $\S 1.9$ and $\S 1.27$ has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|---|-----------------------------------|---|---|----|---|---|-----------------|-----------------|---|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 5 | - | 22 | = | 0 | х | \$9 | \$18 | = | 0 | 0 |
| Indepen- dent Claims | 1 | | 3 | == | 0 | Х | \$42 | \$84 | = | 0 | 0 |
| Multiple Dependent Claim(s) Presented Yes X No For First Time | | | | | | | \$140 | \$280 | 0 | 0 | 0 |

TOTAL ADDITIONAL FEE

\$ 0

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

- **If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- ***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Lorna W. Role et al.

Serial No.: 09/312,596 Filed : May 14, 1999

Amendment Transmittal Letter

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"HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims originally filed

Please charge Deposit Account No. 03-3125 amount of \$ ____. Three copies of this sheet is enclosed.

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- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125 . Three copies of this sheet are enclosed.
 - X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 - X Any patent application processing fees under 37 C.F.R. §1.17.

I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to:

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Alexandria, Virginia 22313-1450

Alan J. Morrison

Reg. No. 37,399

Respectfully submitted,

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